(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700274422537

09/08/15--01001--026 **185.00

15 SEP -4 PH 4: 08

SEP 08 2015

T SCHROEDER



September 8, 2015

CT

SUBJECT: KYKUIT ENTERPRISES LLC

Ref. Number: W15000059008

We have received your document for KYKUIT ENTERPRISES LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 715A00018839



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

September 4, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9684564 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

KyKuit Enterprises, LLC (NH)
Misc - Foreign LLC Filing - Articles of Conversion
Florida

KyKuit Enterprises, LLC (NH)
Misc - Foreign LLC Filing - Articles of Organization
Florida

KyKuit Enterprises, LLC (NH)
Obtain Document - Misc - CC Formation Docs
Florida

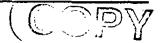
KyKuit Enterprises, LLC (NH) Certificate of Status-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help. 205-8842

Sincerely,



COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: Kykuit E	nterprises LLC				
			of Res	ılting Florida	Limite	d Company)
Busin	ess Entity" into		iabilit	y Company		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
1 10431	o rotagn an con-	espondence concerning	g uns	mauer to.		
Timot	hy M. Moore	-				
		(Contact Person)				
\ <u></u>		(Firm/Company)				
12746	South Lake Sav	<u> </u>				
		(Address)				
Winde	ermere, Florida 3	4786				
	•	City, State and Zip Code)				
	y.moore@fastira	·	·			
E-r	nail Address: (to b	e used for future annual re	port no	tifications)		
For fu	irther information	on concerning this ma	tter, p	lease call:		
Timot	hy M. Moore		at (603	724	4783
	(Name of Conta	et Person)		(Area Code)	(Day	rtime Telephone Number)
Enclo	sed is a check f	or the following amou	int:			
(\$25 fo	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status		80.00 Filing i		### 185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	EET ADDRES	S:		MAILI	NG A	ADDRESS:
_	tration Section			Registra		
	on of Corporat	ions				Corporations
	n Building Executive Cent	ar Circle		P. O. Be		
	assee, FL 323			រ ផារាធាបនៈ	35CC, 1	FL 32314

INHS11 (06/15)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Kykuit Enterprises, Inc. (Enter I	lame of Other Business Entity)
2. The "Other Business Entity" is a	orporation .
(E	nter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	d under the laws of
On Clate of organization, formation or incorp	
_	
3. The name of the Florida Limited L Kykuit Enterprises LLC	ability Company as set forth in the attached Articles of Organization:
Kykuit Enterprises LLC	ability Company as set forth in the attached Articles of Organization: Florida Limited Liability Company)
4. If not effective on the date of filing (The effective date: 1) cannot be pr date this document is filed by the Fl date listed in the attached Articles of	

Page 1 of 2

Signed this 44 th day of August	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Timothy M. Moore	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Name: Timothy M. Moore	Tial. Director
Printed Name: Janobay VV. Wilcole	Title: Director
Signature:	2014
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

SECRETARY OF STATE
JIVISION OF CORPORATIONS
15 SEP -4 PM 4: 00

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:				
Kykuit Enterprises LLC					
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
12746 South Lake Sawyer Lane	12746 South Lake Sawyer Lane				
Windermere, Florida 34786	Windermere, Florida 34786				
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:				
WHWW, Inc.	ame				
390 North Orange Avenue, S					
Orlando	FL 32801				
City	Zip				
	-				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

IN SEP -- DE I. O

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Timothy M. Moore		
MGR	12748 South Lake Sawyer Lane		
	Windermere, Florida 34786		
<u> </u>			
(Use attachment if necessary)	a data of Glings Sentember 4* 2015 (ODTION) A	1)	
FICLE V: Effective date, if other than the effective date is listed, the date must r 90 days after the date of filing.) If the date inserted in this block does not meet	e date of filing: September 4. 2015 . (OPTIONA be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be 's records.	lays pri	
FICLE V: Effective date, if other than the in effective date is listed, the date must r 90 days after the date of filing.) if the date inserted in this block does not meet ment's effective date on the Department of State. FICLE VI: Other provisions, if any.	be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be 's records.	lays pri	
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PICLE V: Effective date, if other than the an effective date is listed, the date must r 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a I am aware that any take inform constitutes a third degree felony. Timothy M. Moore	the applicable statutory filing requirements, this date will not be is records. Pror an authorized representative of a member. Accordance with section 605.0203 (1) (b), Florida Statutes. Ination submitted in a document to the Department of State	listed as 15 SEP -4 PM 4:	

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-